given minute doses of brandy, for fear of giving too much, which I have often seen done; in fact, the time wasted would in all probability have lost the patient. The temperature, too, must be regarded as very low (although doubtless it was high during the paroxysms, as already stated), for, after repeated experiments upon myself and others, I find that the temperature of the body here in perfect health often obtains considerably above that found in temperate latitudes.

Idiopathic tetanus is a common disease here, several cases having recently occurred in the practice of my colleagues, with, I believe, fatal results. The cause is always difficult to determine. It occurs perhaps oftenest in young children, and in them is very apt, if care be not taken, to be mistaken for sunstroke or convulsions, or, in fact, anything but what it really is, through the symptoms not being sufficiently watched. This remark does not apply to the well-known trismus nascentium, which must be regarded in a very different light, occurring as it does merely in the youngest infants. In such cases it is pretty uniformly fatal, and indeed very speedily so.

I am, Sir, your obedient servant,

JAS. DENHAM BRADBURN,

Grenada. Surgeon to H.M. Government in Grenada, W. Indies.

ANTISEPTIC INHALATION IN PHTHISIS.

To the Editor of THE LANCET.

SIR,—The communication of Dr. Thornley in your last week's issue is a valuable and practical one, and I shall be glad if it helps to enforce professional attention to what is undoubtedly a distinct advantage in the treatment of phthisis. Experience now shows that the inhalation of the vapour of carbolic acid does markedly diminish the secretion of purulent mucus in this disease, and in the same degree relieve the cough and general distress of the patient. At the present moment I have in the Norwich Hospital at least three patients suffering from phthisis in its softening stage, all of whom have been materially benefited by its use. I have also advised the inhalation of carbolic vapour in a great many cases in private practice, and in nearly all some advantage has been obtained. But I have observed that it has been of most benefit in those cases in which the purulent character of the sputum has been most developed, and I have been led to think that the explanation of its influence is not merely that it "temporarily cleanses" or "washes away the decomposing discharges of a foul ulcer," but that its action is another illustration of Lister's antiseptic practice, and that the carbolic vapour is a veritable antiseptic, destroying atmospheric germs which may be living and thriving in the pulmonary mucus, as well as doubtless exercising a deterrent influence upon the rapid development of muco-epithelial particles, themselves also endowed with a power of quasi-independent life. If such germ particles as I suggest are present in the mucus of the vomica, they doubtless increase its irritating quality, and so tease the pulmonary secreting surface into greater and greater activity. It is on this theory that I have tried to explain to myself and others the undoubted efficacy of the carbolic vapour.

Dr. Thornley has used Dr. Siegle's vaporiser. Doubtless any form of inhaler answers the purpose, for the vapour of carbolic acid is singularly harmless; but I have found a very simple arrangement to answer admirably. I have commonly told the patient to take an ordinary narrow-mouthed pint jug (a tapering shaving jug is about the best form), to place in it half a pint of medium hot water, to stir up ten grains of carbolic acid in this, and to inhale the vapour of it for ten minutes; and this I order to be repeated three, four, or five times in twenty-four hours. No objection is made to the frequency of its repetition, but rather from the relief experienced it is gladly so used, often voluntarily, in the middle of the night. Occasionally I have thought the addition of a little conium to be useful, but I have scarcely satisfied myself of the fact. I have also found the vapour thus applied of singular advantage in a case of mechanical bronchitis, which has recently been under my care. In this case also there was much puriform expectoration.

Yours &c.,

Norwich, Oct. 1st, 1877. PETER EADE, M.D., F.R.C.P.

NOTE ON GUNSHOT FRACTURE OF THE SKULL.

To the Editor of THE LANCET.

SIR,—In a riot during the late railroad difficulties a bay-window of plate-glass received several bullet holes. These were supposed to have been produced by conical bullets, somewhat smaller than the regulation minié ball, and fired from a breech-loading rifle. On examining this glass, which was a quarter of an inch in thickness, I noticed that upon one side the holes were perfectly smooth, while upon the other a peculiar bevelling off, with a much greater loss of substance, was encountered. The latter, I thought, must be the side of exit. If this was the case, did it not throw some light upon the greater amount of destruction of the inner table of the skull found in the majority of cases of fracture of the skull, most notably in gunshot fractures?

Acting upon this suspicion I have made some experiments upon dried calvariæ. Firing at a certain distance (a conical ball out of a revolver), I was able to drive the bullet through the skull when struck fairly, but if the least bit to the side of one of the cranial curves the bullet glanced. In these attempts, when the ball passed entirely through, whether the wound of entrance was either upon the inner or outer table, the opening of exit was always splintered widely. If the concavity of the skull was turned towards the pistol the outer table was splintered off to nearly, if not quite, as great an extent as was the inner table when the convexity first received the missile.

This was conclusive to my mind that the greater splintering of the inner table, which we are taught in all works upon surgery (at least in all I have ever seen) depends upon a greater brittleness of that table, is something of a myth. Why this inner table should be more brittle I cannot see, as they both consist of similar compact bony tissue.

My explanation of the fact that we do have a greater loss of substance inside the skull in fracture is this. A bullet, in life, must first impinge upon the outer table; this table is well supported by the cancellous structure beneath, while the inner layer receives little, if any, support from the brain and its coverings, and, just as we find in the plate-glass, a greater loss of substance occurs upon the unsupported side.

These experiments can be verified by anyone.

Very respectfully,

OSCAR J. COSKERY, M.D.,
Prof. Surg. Coll. Phys. and Surgeons.

Baltimore, U.S.A., Sept. 13th, 1877.

MAGGOTS, THE LARVÆ OF THE BLUE-BOTTLE FLY, IN SYPHILITIC ULCERATION OF THE THROAT.

To the Editor of THE LANCET.

SIR,—I forward to you the notes of a case which might possibly prove sufficiently interesting for publication.

Private W. A—— presented himself for admission to Regimental Hospital on the 4th April, 1877. He had suffered from secondary syphilis, and his nose was disfigured and flattened from that disease. The patient complained, on admission, of soreness and feeling of great irritation in the throat, and on looking into his mouth the soft palate had almost ulcerated away, and a large ulcer was visible on the back of the pharynx; this ulcer was one moving mass of maggots. Attempts were at first made to remove these maggots with a syringe and a strong solution of salt and water, but this proving ineffectual they were removed one by one with a bullet forceps, and the part washed with a solution of carbolic acid in water. A strong solution of salt was ordered to be injected through the nose three times a day; the few maggots that were out of sight, and consequently escaped removal with the forceps, were thus got rid of in a few days.

One of the most serious aspects of the case was the terrible mental distress which the patient suffered from on finding the cause of his disease, and at first we were afraid that he would become insane, but he was in a measure quieted by the frequent assurances of Dr. M—— that a